

30th Year Birthday Celebration Voyage Kangaroo Island Discovery 27 – 30 April 2017

Name:

Address:

Telephone (Home):..... (Mobile):

Email:

Port Adelaide – Kangaroo Island – Port Adelaide

Boarding: Thursday 27 April 2017

Time: 9am McLaren Wharf, Port Adelaide

Arrival: Sunday 30 April 2017

Time: 3pm McLaren Wharf, Port Adelaide

#Note: Final times will be confirmed prior to departure

Booking Price: \$995pp GST inclusive

Includes meals & accommodation for duration of sailing

Note that the ship is a working vessel and passengers with limited mobility should be aware that access between decks is by "ladders". Accommodation & bathroom facilities are located below the main deck area.

Please complete the attached medical form.

To assist with marketing, please indicate how you heard about the voyage. Thank you.

.....

Booking: 1 @ Total: \$.....

Method of Payment:

*[] Credit Card Phone 0432 495 603

*[] Direct Debit to Friends of the One and All Sailing Ship Inc.
Account BSB 105 001 Acc. No. 044481940 Bank SA

Payment on with payment identification of

* Forms can be emailed to hello@oneandallship.com.au

Note: Travel Insurance is recommended to cover against any unforeseen circumstances



Medical Information & Consent Form
Kangaroo Island Discovery Voyage
170427 V

Participants Name:Date of Birth:

Gender: []Male []Female Age:.....

Address:.....

Suburb:Post Code:.....

Email:Contact Number:

Emergency Contact (for someone not going on the voyage):

Name:Relationship:.....

Contact Phone No:.....

Alternative Contact:Relationship:.....

Contact Phone No:.....

General Information: (please circle the correct option where applicable)

1. Do you have any special dietary requirements?

(i.e. vegetarian (IF SO PLEASE SPECIFY WHAT YOU ARE ABLE TO EAT), halal, gluten intolerant, food allergies etc)**Yes/No**

Details:
.....

2. Do you smoke?**Yes/No**

Do you take recreational drugs?**Yes/No**

The One & All is a non-smoking vessel and a non-recreational drug zone,

Do you agree to abide by the non-smoking and a non-recreational drug zone policy?**Yes/No**

3. Swimming ability:

Not at all

Poor

Fair

Good

Medical Information: (please circle the correct option where applicable)

1. Are you covered by medical benefits?**Yes/No**
If so, what is the name of your fund?

2. Are you covered by an ambulance subscription?**Yes/No**

3. Medicare No:

4. What is your blood type?

5. Do you suffer from asthma?**Yes/No**
Severity:
Prevention:
Treatment:
Action Plan Attached:**Yes/No**

6. Do you suffer from allergies?**Yes/No**
Please specify:
Severity:
Reaction:
Treatment:
Action Plan Attached:**Yes/No**

7. Do you take any prescribed or over-the-counter medication? **Yes/No**
Please list each one and what they are taken for:
.....
.....
.....
.....
.....
.....

Will seasickness affect any of the above medication?**Yes/No**
Details:
.....

8. Do you have or have you ever had any of the following conditions?

(TICK BOX WHERE APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney/ Bladder problems |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Memory/ attention problems |
| <input type="checkbox"/> Impaired hearing | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Behavioural problems/ADD/ADHD | <input type="checkbox"/> Heart/ Circulatory disorder |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Epilepsy/fits/convulsions | <input type="checkbox"/> Eye disease/ visual impairment |
| <input type="checkbox"/> Anaemia | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Osteomyelitis |
| <input type="checkbox"/> Weight control problems | <input type="checkbox"/> Thyroid disorders |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Abnormal response to heat/cold |
| <input type="checkbox"/> Haemophilia/ bleeding problem | <input type="checkbox"/> Mental disability |
| <input type="checkbox"/> Spinal injury/ disorder | <input type="checkbox"/> Vertigo/ Claustrophobia |
| <input type="checkbox"/> Fainting/ blackouts | <input type="checkbox"/> Bone/ Joint injury |
| <input type="checkbox"/> Speech difficulty | <input type="checkbox"/> Other, e.g.: pregnant |
| <input type="checkbox"/> Impaired movement | |

If you answered yes to one or more of the above questions, or if you have any other past medical, past surgical, past injuries or past psychiatric details that are not noted above,

Please give details:

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If you take medication for any above conditions please list each one and what they are taken for:

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For certain medical conditions, we may need to contact your doctor. Please provide the following details:

Name of Medical GP:.....
Phone number:
Address:.....
Suburb:State:
Country:Post Code:.....

YOUR MEDICAL FORMS MAY BE REVIEWED BY A DOCTOR. IN LIMITED CASES, IT MAY BE NECESSARY FOR YOU TO ATTEND A MEDICAL EXAMINATION. WE MAY ALSO REQUEST YOU TO UNDERTAKE A DRUG SCREEN IN THE CASE THAT IT IS SEEN FIT TO DO SO.

While we will do our best to reasonably accommodate the needs of all passengers, we reserve the right to refuse bookings, or request further medical information from your medical practitioner if we feel that the requirements of the voyage are too demanding for you and/or if local conditions mean we cannot reasonably accommodate you.

Declaration:

The One & All is a sailing vessel, by agreeing with and signing this consent form you are agreeing to participate to the best of my ability in all aspects of the voyage. This includes being part of a watch keeping system, and safety checks under the guidance of a ship's officer and crew members.

I also understand that photographic images from the voyage may be used for promotional purposes.

I understand the nature of the One & All Sail Voyage.

I have read this consent and I agree.

Name: Signed:
Date: